

was interposed. The author makes some observations on the importance of the sac in all cases of aneurism, and introduces a statistical account of the result of operations for the cure of traumatic and idiopathic axillary aneurism, in confirmation of his impression that the ligature should be placed on the axillary artery itself, "in all cases where the mischief can be traced to a direct injury, and where the size of the tumour admits of our reaching this vessel;" the risk of hemorrhage would, he considers, be thus materially diminished, if not altogether obviated, in case of the sac suppurating, as in the present instance.—*Lancet*, Feb. 3.

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43. *Ligature of Subclavian followed by Incessant Cough*.—Mr. B. COOPER states (*Proceedings of Royal Med. and Chirurg. Soc.*, Jan. 23, 1849) that he secured the subclavian external to the scalenus in a thin subject. The operation offered no difficulties whatever, but immediately the vessel was secured, the patient was seized with a constant and continued short cough, which went on until he died. On examination, the phrenic nerve was found to be uninjured, but highly inflamed, as was its neurilemma. He said that unsuccessful cases were often more instructive than successful ones.—*Lancet*, Feb. 3.

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44. *Inguinal Aneurism—Ligature of the left external Iliac Artery*.—Dr. WILLIS records (*Lancet*, Feb. 10th, 1849) the case of a negro, 29 years of age, admitted into the hospital at Havana with an aneurism of the external iliac immediately beneath Poupart's ligament on the left side. The tumour had made its appearance about a year previously, and at the period of his admission in hospital the circumference of the base of the tumour was 18 inches. A ligature was applied to the artery by Dr. CASIRO on the 10th of April. On the 15th of May the ligature came away. There was fluctuation in the tumour. A free incision was made into the sac, and about two pounds of fetid coagulated blood let out. The patient put upon full diet, tonics, &c. The sac healed by the 31st of May, and on the 19th June the patient was discharged, and went to work with the perfect use of the limb.

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45. *Femoral Aneurism—Compression tried without success—Amputation*.—J. TUFNELL, Esq., has communicated to the Surgical Society of Ireland (*Dublin Med. Press*, Dec. 20th, 1848) a case of femoral aneurism, which, after having been treated by compression without success, amputation was resorted to. The case is important, inasmuch as it was found on examining the amputated limb, that the nature of the accident precluded the possibility of cure by compression, and showed also that the operation of tying the vessel would have been equally unsuccessful. The artery had been torn across, its ends widely separated, and the sac of the aneurism fed by a full current from below, so that no solidification of its contents could have been brought about, and amputation of the limb was the only means of preserving life. Its immediate adoption was the unanimous opinion of all present at the consultation, the correctness of this opinion being subsequently verified by the condition of the limb, if, instead of amputation, a ligature had been placed upon the external iliac artery, gangrene would have most assuredly followed, and the life of the man been lost.

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46. *Wound of the Right Kidney successfully treated*. By M. BLANDIN.—A young man, aged twenty, received a poignard wound in the back, in the right subcostal or renal region. He was carried to the Hotel Dieu, complaining of intense pain in the right side, extending forwards towards the iliac fossa, and back towards the wound; he passed blood in micturating, and there was great general anxiety. The wound, which was horizontal, was scarcely two centimetres in length, and appeared to correspond to the anatomical region of the kidney. The position of the wound, together with the bloody urine, led M. Blandin to diagnose a wound of the kidney. The patient was bled largely, and kept perfectly quiet in the horizontal position in bed, and put on low diet. For two days after his entrance into the hospital, the urine continued bloody, but less so than at the first; the venesection was nevertheless repeated three times. On the third day, the bloody urine had disappeared, the patient was free from

fever, and desired food. The small wound, however, still continues open externally, and the low diet and perfect rest are continued; but the absence of fever or other accident, and the cessation of the hæmaturia and pain, give reason to hope that the patient will soon be completely cured. Meanwhile M. Blandin keeps him in the hospital under surveillance, in case of secondary accidents resulting from the injury.—*Annales de Thérapeutique*, September and October 1848, p. 246.

At the time the above observation was reported, the patient was considered by M. Blandin to be almost cured; but, since this, unexpected accidents have supervened, and it is our duty to follow up this rare and interesting case. The patient continued much in the same state as reported in our last, and his convalescence was almost completed, when, owing to excess in eating and walking, he was seized with a sudden return of his former symptoms, namely, abundant hæmaturia, violent bilious vomiting, pains in the wounded renal region, with swelling in that part and in the shoulder, and general anxiety and fever. There seemed to be no affection of the peritoneum, nor of the intestines. These symptoms lasted for some days, in spite of the repeated application of large numbers of leeches and of baths. The violence of the symptoms was assuaged by these means; but a few days later the same causes reproduced the same effects, which were combated by similar measures. At present—about a month from the time of the infliction of the injury, and a few days after the third return of the morbid phenomena—the patient, having lost an enormous quantity of blood by the urinary passages, and also by the general and local bleedings, is feeble, pale, and exsanguinated, like persons who have suffered from severe hemorrhages. M. Blandin keeps him in bed, restricts him to a moderate diet, and causes him to continue the baths. He thinks justly that the same symptoms may return, and perhaps compromise the life of the patient. We will notice the final termination of this case; for it is one of a class of cases which are of rare occurrence and of great interest.—*Monthly Retrospect*, from *Annales de Thérapeutique*, Oct. and Nov. 1848.

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47. *Lateral Transfixure of the Chest by a Scythe Blade, followed by complete recovery.* By E. Q. SEWELL, M. D., (*British American Journ.*, Feb. 1849).—The subject of this extraordinary case was a youth 18 years of age, who had been mowing, and had taken the scythe off the handle, and was carrying it home to have it sharpened. Whilst walking, he happened to step on a log, when his foot slipped, and he fell on the scythe blade, the point of which entered under the right axilla, between the third and fourth ribs, passed horizontally through the chest, and came out through the corresponding ribs of the opposite side, making a small opening. The wound on the right side was about two and a half to three inches long, that on the left, about one inch. The poor lad lay still, until his brother, who was with him, with admirable presence of mind, drew the scythe slowly out, observing with much caution as he did so, the curvature of the blade. The effusion of blood was not excessive, and the patient walked home with his brother's assistance. There was, it is said, no spitting of blood. The patient entirely recovered.

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48. *On the Employment of Sugar of Lead in Strangulated Hernia.* By Drs. NEUHOLD and HASSERBRONC.—The use of sugar of lead enemata for reduction of strangulated hernia, was first recommended by Neuber and Seitz; it has recently been tried by Drs. Neuhold and Hasserbronc. Dr. N. affirms that operations would become very rare where this agent more extensively used: he states that in his experience of its effects, he has always met with success, and that he has given four to six enemata, each containing ten grains, of the acetate of lead, without bad results. In a case of a very large scrotal hernia, which had resisted the taxis, and all other means for twenty-eight hours, and the patient refusing to consent to an operation, ten grains of the acetate of lead dissolved in six ounces of tepid water were given as an enema, and this was to be repeated every two hours. The pulse, which was small and contracted, gradually became more developed, the general condition hourly improved, and the hernia spontaneously returned while the man was asleep. In another case of